

measurements in this study for the devolvement of a complete set of instruments for the pure endoscopic approach. We do believe that after starting the pure endoscopic approaches with more advances of technology of endoscopes the pure endoscopic approaches may replace the microscopic in near future.

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0645: THE FORGOTTEN BILIARY STENT: SHOULD WE IMPLEMENT A REGISTRY?

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Aims: Temporary biliary stenting is performed for malignant biliary obstruction, benign strictures, biliary leaks and stones. Complications include stent occlusion, cholangitis and distal migration. The incidence of adverse events increases with prolonged stent indwelling time. There are no current UK guidelines for the maintenance of a biliary stent registry. The British Association of Urological Surgeons recommends a registry which tracks all ureteric stents prospectively, with automatic reminders when exchange or removal is due, thus minimising stent-related complications. This study aimed to investigate our unit's outcomes, demonstrating the need for a biliary stent registry.

Methods: 2-year retrospective data was collected. This included: patient demographics, indications for stenting, follow-up and complications.

Results: Of 478 ERCPs performed on 341 patients (125 M:215 F, median age 76), 149 underwent stenting. The indications were: malignant obstruction 48 (32.2%), benign stricture 15 (10.1%), stone disease 76 (51%) and biliary leak 10 (6.7%). The mean duration temporary stents were left in-situ was 102 days (range 4–553). Complications included: stent-related sepsis 10.3% (n = 12), stent migration 3.4% (n = 4) and occlusion 2.6% (n = 3). In 3.4% (n = 4) of these, the complication occurred after the specified follow-up period. 10 patients (8.5%) were lost to follow-up.

Conclusions: The implementation of a registry may further improve outcomes by ensuring timely follow-up, and preventing patients from “slipping through the net”. Re-audit post-implementation should be conducted.

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0783: BIOCHEMICAL FOLLOW UP OF THYROID CANCER: A MULTI-CENTRE AUDIT

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Introduction: Thyroglobulin (Tg) is secreted by both normal and cancerous thyroid cells; after treatment of differentiated thyroid cancer (DTC) its presence suggests residual tissue or recurrence. Antibodies against thyroglobulin (TgAb) can lead to false positive results so it is essential to monitor these simultaneously to interpret values correctly. Guidelines regarding when to perform these tests exist; it was our aim to audit the performance of three trusts comprising a regional multidisciplinary team (MDT) against these standards.

Method: Electronic records were searched retrospectively to identify patients following surgical management of DTC within a 5 year period (1/1/2008–31/12/2012).

Results: 156 patients met inclusion criteria across all sites. 985 Tg tests were performed on this cohort over a mean follow up time of 940 days

- 59.7% of Tg tests were paired with TgAb indicating marked variation of compliance
- 66.2% of patients had tests ≥ 6 weeks after surgery

- 34% patients had Tg/TgAb tests too early
- 11.8% of TgAb positive patients were monitored correctly

Conclusion: The importance of paired thyroglobulin and antibody measurement cannot be underestimated when monitoring patients after treatment. Wide variation in practice exists across sites within the same MDT network. We are currently implementing a standardised monitoring protocol across the network.

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0285: THE USE OF ARTERIOVENOUS FISTULAE AS AN ADJUNCT TO PERIPHERAL ARTERIAL BYPASS: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Aim: Peripheral arterial bypass is associated with significant graft occlusion rates particularly when the distal anastomosis is to the below knee arterial segment. A number of studies have suggested that an arteriovenous fistula (AVF) sited at the distal anastomosis may reduce afterload, improve graft patency and boost subsequent limb salvage.

Aim: To assess the effects of adjuvant AVF on the outcomes of peripheral arterial bypass.

Methods: A systematic database search was undertaken to identify all randomized controlled and observational studies assessing the role of AVF in bypass

Results: Two randomized controlled trials and seven cohort studies comprising 966 participants were included. Pooled standardized data showed no difference in primary graft patency (pooled RR = 1.25 [95% CI, 0.73–2.16]), secondary patency (pooled RR = 1.16 [95% CI, 0.82–1.66]), or limb salvage at 12-months (pooled RR = 1.13 [95% CI, 0.80–1.60]) for the peripheral bypass with AVF group compared with peripheral bypass alone. Subgroup analysis indicated a reduction in re-intervention rates associated with AVF when performed in conjunction with a synthetic graft (pooled RR = 0.55 [95% CI, 0.30–0.98]).

Conclusion: While adjuvant AVF is not associated with additional operative complication there is little evidence to support its use. This evidence is weakened by small, retrospective studies with heterogeneous cohorts.

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0286: HOW DO WE TRAIN THE MODERN DAY SURGEON IN OPEN CONVERSION OF MINIMALLY INVASIVE PROCEDURES? – TRAINEE, TRAINER AND EDUCATOR PERCEPTIONS AND VIEWS. A QUALITATIVE STUDY

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Aim: To determine the views and perceptions of surgical trainees, trainers and educators about how future surgeons should be taught open conversion of a minimally invasive procedure.

Method: A qualitative methodology was selected. Eight semi-structured interviews were undertaken with two participants from each following category; junior trainee, senior trainee, trainer and educator. Interviews were transcribed and analysed by open coding, generating 100 codes that were categorised into 7 emergent themes.

Results: Findings showed; currently there is little focus on the structured education and training in open conversion and the issues that surround it. Surgical trainees are no longer being exposed to a variety and large numbers of operative cases. This is a reflection of the reduced working hours and shortened training times as a result of EWTD and MMC.